

APPLICATION DATA SHEET

Application Information

Application Type:: Regular
Subject Matter:: Utility
Sequence submission?: Yes
Computer Readable Form (CRF)?:: No
Number of copies of CRF:: None
Title:: Recombinant BCG Vaccines for the Prevention and Treatment of Cancer"
Attorney Docket Number:: WII-014
Request for Early Publication?: No
Request for Non-Publication?: No
Total Drawing Sheets:: 6
Small Entity?: Yes

Applicant Information

Secrecy Order in Parent Appl.?: No
Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Maureen
Middle Name:: A.
Family Name:: Chung
City of Residence:: Providence
State or Province of Residence:: RI
Country of Residence:: US
Street of mailing address:: 23 President Avenue
City of mailing address:: Providence
State or Province of mailing address:: RI
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02906

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Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Surendra
Family Name:: Sharma
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Helena
Middle Name:: R.
Family Name:: Chang
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: O'Donnell

City of Residence::

State or Province of
Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of
mailing address::

Country of mailing address::

Postal or Zip Code of mailing
address::

Correspondence Information

Correspondence Customer
Number:: 000959

Representative Information

Representative Customer Number::	000959
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional	60/235,455	September 26, 2000

Assignee Information

Assignee name:: Roger Williams Hospital
Street of mailing address:: 825 Chalkstone Avenue
City of mailing address:: Providence
State or Province of mailing
address:: RI
Country of mailing address:: US
Postal or Zip Code of mailing
Address:: 02908-4735

Assignee name::	Beth Israel Hospital Association
Street of mailing address::	330 Brookline Avenue
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing Address::	02215

11/11/2009 10:00 AM